

healthwatch
Knowsley

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Enter and View Report

5 Boroughs Partnership NHS

Foundation Trust

Whiston Hospital

Grasmere/ Coniston In-Patient Wards

Visit: 14th January 2016

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Background

What is Local Healthwatch?

Local Healthwatch organisations help the residents and communities of their area to get the best out of local health and social care services. They gather the views of local people and make sure they are heard and listened to by the organisations that provide, fund and monitor these services. This report was jointly undertaken by the Healthwatch organisations covering Halton, Knowsley, St Helens, Warrington and Wigan Borough, co-ordinated by Healthwatch Warrington.

What is Enter and View?

Part of the local Healthwatch programme is to carry out *Enter and View* (E&V) visits. Local Healthwatch representatives, who are trained volunteers, carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act (2012) allows local Healthwatch representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, care homes, GP practices, dental surgeries, optometrists and pharmacies. *Enter and View* visits can happen if people identify a problem but equally, they can occur when services have a good reputation. This enables lessons to be learned and good practice shared.

Healthwatch *Enter and View* visits are not intended to specifically identify safeguarding issues. If safeguarding issues are raised during a visit Healthwatch Warrington has safeguarding policies in place which identify the correct procedure to be taken.

Disclaimer

Please note that this report relates to the findings observed on the specific dates set out below. This report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time.

Acknowledgements

We would like to thank all the staff for their time in showing the team round and answering questions. In particular we would like to thank Rebecca Spence (Ward Manager) Grasmere Ward and Ashley Freeman/ Genevieve at Coniston Ward

Background and Purpose of the visits

The five Local Healthwatch that cover the 5 Borough Partnership footprint have met and agreed to do a series of Enter and View visits to inpatient services provided by 5 Boroughs Partnership Foundation Trust. For clarification purposes, this is services provided in:

- Halton
- Knowsley
- St Helens
- Warrington
- Wigan

The purpose of the visits is defined as:

- To identify what services are offered in each borough
- The standard and ease of access to those services
- To obtain service users feedback on the quality of services
- Analysing commonality/difference in services provided across different boroughs

Details of the Visit

Location

Grasmere and Coniston Wards, Whiston Hospital

Date/Time

The visit took place on 14th January 2016 at between 1:30pm and 3:00pm

Panel Members

Esstta Hayes - Healthwatch Warrington, Community Engagement Officer

Susan Gambles - Healthwatch Wigan, Enter and View Panel Member

Janet Roberts - Healthwatch St Helens, Enter and View Panel Member

Ruth Walkden - Healthwatch Warrington, Enter and View Consultant

Provider Service Staff

Genevieve - Coniston Ward

Ashley Freeman - Coniston Ward

Rebecca Spence - Grasmere Ward

Details of the Service

Grasmere Ward is 15 bed female inpatient unit, with 14 patients on the day of the visit. One patient had recently been discharged with the ward awaiting one admission. Coniston is an 18 bed male inpatient unit. Patients have individual rooms but only one is ensuite.

Results of the Visit

Wherever possible the reports below are in the words of the E&V team members who were present at the time of the visit. The reports have been collated by the Healthwatch Warrington E&V Consultant and some text has been formatted to allow for easy reading; however the essential facts of the team's reports have not been altered.

Observations from the Visit

First impressions

Parking via the multi storey car park adjacent to the hospital was easy to use, but it took a little time to find a parking space. Access to the main hospital was easy to find and via an open caged foot bridge from the car park (though the weather was cold and windy, which meant that an enclosed bridge would have been better). Signage was clear and easy to read. The grounds are well maintained and attractive.

Bus services from outside the area are limited, this means that some visitors struggle to attend during visiting hours both during the week and at weekends

The central hub of the hospital was in a large and airy glass fronted space and comprised of a coffee shop, stationery store and dining area. The space was used by

visitors, staff, carers and patients during our visit. It was clean and busy. It felt very unlike a medical setting - it felt more like a mall or airport.

Access

Finding the unit itself was a little problematic. The visiting team followed a printed site map, which took us across the car park to the building. Visitors helped us navigate the site, but it took around 20 minutes to get to the unit. There was very little signage outside the hospital to help us navigate and find the unit we were looking for.

At Coniston the reception area was well lit and airy. There were two prominent signs warning that there were sniffer dogs in use and that there was a zero tolerance to drugs. Whilst there were information boards and artwork on display the visiting team did not see any reference to complaints or a complaints policy.

Staffing & Leadership

Upon entering Grasmere ward, a member of staff enthusiastically greeted the visiting team and explained that the Manager was on duty on the ward, but would join them shortly.

There was a “Who’s who” board in the main corridor with names and photos to help identify staff. The team also noted a ‘Mission Statement’, and general notices and information on the walls for both visitors and patients.

The member of staff took the team to the main office, where they were offered a seat to wait for the Manager.

While there, several other female staff joined the team. They were young and talkative, and seemed very positive about the ward and their responsibilities. They all appeared at ease with other, and were well informed as to their roles and the work of the ward.

The Ward Manager joined the team, and was welcomed warmly by the staff. She was positive about the team and their hard work on the ward.

Rebecca Spence explained the unit is usually at capacity and that the ward is the 2nd highest unit for admissions at the trust. The patient stay is approx. 30 days.

The main (locked) office hosted a white board that noted dates and interactions of patients.

The Ward Manager told the visiting team that very few patients are detained in the unit (4 approximately), and the rest are informal patients.

The Ward Manager outlined that on admission to the ward, a patient will have 2 x 15mins observations (lowest level intervention). Observations can then move to a 1 to 1 or 2 to 1, depending on how the patient presents and their needs.

Coniston has 30 staff of which 13 are qualified. One of these is a recently appointed activities co-ordinator. They will shortly be taking on an Occupational Therapist. There is a low turnover of staff, many had been there for 15 years. The Consultant attached to the ward has a number of other responsibilities elsewhere, ward rounds/case study meetings are scheduled around their availability.

Staff were friendly, attentive and active throughout the visit.

Activities & Leisure

A garden is available for patients to access outside space, and seating is provided. The ward has an Activities Room and a full time Activities Worker who plans and delivers regular activities.

The Activities Worker is led by patients' input and asks them what they would like to do (to inform activity planning). The patients can also opt to support sessions in areas where they have experience/input, which can help in delivery of sessions. Support sessions available include; weight management, anxiety management, suicide prevention and relaxation.

A gym is available adjacent to the ward and is accessible to patients (when accompanied by staff). Admission to the gym requires completion of a form to ensure there is no risk to a patient when using the gym. Equipment in the gym includes a gym ball, stepper, cross trainer, bike, rowing machine and treadmill.

At Coniston the dining room doubled as a craft area and was used for visiting time. There was also a meeting room where visits from children or pregnant women could take place in safety. There was a television room with a pool table but little else for patients to do.

Administration

The Ward Manager explained that the staff use the same system for all documentation (to help everyone to keep on track). It also means any new/returning staff can pick up patient notes and understand them instantly. The team are also taught how to fill in paperwork e.g. risk forms in a standard format, to ensure correct processes across the ward.

At Coniston the senior nurse was not on duty. The visiting team were introduced to the deputy. It was felt that there was some suspicion about the validity of the visit but after the team explained the purpose of the visit the staff became more relaxed.

Cleanliness

During our visit bedroom floors were being mopped, a bedroom was being completely cleaned, and bedding was being changed (presumably for the next admission).

The Ward Manager explained that Saturdays are used for bed checks and ongoing infection control is undertaken on the ward.

The ward was clean, well-maintained, orderly and uncluttered. It felt spacious and seemed calm and well laid out.

The ward floors and communal area seemed clean, with no smell and was clear of clutter.

The ward is comprised of 14 single bedrooms, with communal bathroom facilities. One bedroom has an en suite bathroom and is prioritised for use by those patients with mobility/other needs.

Communal bathroom facilities are available including 1 shower, 2 baths and 2 toilets. These were clean and well maintained. A staff toilet is also available.

Coniston was modern and very open. There were pictures and information boards on the walls. Staff and patients circulated freely and in a relaxed manner. The atmosphere was calm.

Management of Medicines

Medications are dispensed at 8-9am, 1-1.30m, 6pm and 9.45pm from the clinic.

Patients usually come to the clinic but where this is not possible, staff can take medications to patients in their rooms.

Food and Refreshments

Meal times on the ward are protected, and are at 7am, 12pm and 5pm. Patients are not allowed in the kitchen. Choices including vegetarian options and special diets are available. Meals are frozen then reheated by staff. Sandwiches and light snacks were also available. The visiting team did not see any menus.

Water, vending machines and hot drinks are available.

One patient in passing told us that she thinks the “food is great”.

Smoking

Patients are allowed to smoke on-site but are encouraged to go outside. There is an open garden available for patients to smoke, which is only locked from 12 midnight - 6am. An electronic lighter is available outside.

Privacy & Dignity

During the visit to Grasmere, staff appeared compassionate and friendly. An open communal lounge was available to patients for use. The unit has a dedicated Clinic Room, which appeared clean and tidy. The Ward Manager explained that patients are given physicals every 3 months to monitor their physical health and determine any unmet/ongoing needs.

Patients are encouraged to do their own laundry, to help maintain individual responsibilities.

The Ward Manager explained that patients have weekly care plans, and that every nurse is allocated 1-2 patients to care for.

Laptops are used to write care plans, and print copies for patients. Writing the plans with the patients mean that plans can be written from the patient's perspective. The MDT includes Pharmacists, Doctors, Consultants, Nurses and other staff. The Ward Manager told the visiting team that there are set targets for nurses to do minimum of 2 nurse sessions a week for 2 people.

Staff knocked on all patients' doors and bathrooms before entering, requesting permissions where needed and introducing the visiting team as they went around the ward.

Staff seemed keen to observe patients' individual rights/needs during the discussions about visiting hours, and accessibility of services e.g. medications can be taken in patients' rooms instead of the clinic, as needed.

Safety & Security

Visiting times are 2.30-4.30pm and 6.30pm - 8.30pm, 7 days a week, but visiting hours are flexible according to the needs of the patient/visitors. The unit can accommodate visitors in side rooms or the communal dining room as needed.

All staff are trained in de-escalation, and the ward's seclusion room is used as a last resort. The Ward Manager explained that there are very few incidents which require seclusion, so the room is often kept open.

Staff are able to talk about difficult patients and any needs with psychologists on the ward for specific advice/support. There is also help available after sessions to help staff understand patients and their needs.

Individual safes are provided in all bedrooms for secure personal storage. We were shown one bedroom, which was being cleaned thoroughly, it was noted that there was no safety glass in the mirror. This could be a hazard for at risk patients.

The Ward Manager explained that some patients admitted to the ward self-harm frequently, and require a lot of staff intervention to reduce incidents of harm. The unit use a Self-Harm Pathway to support this intervention work. The Pathway works to minimise staff interventions with patients, instead, focussing on helping patients to take ownership of their own care and reduce self-harm by choice. This not only reduces harm, it also reduces levels of observations for staff, reduces staff stress and helps patients to self-care.

Discharge

Social workers, the staff team, family and housing officers work together to agree a safe and timely discharge.

Consultants are very involved in care, and like to work with the care co-ordination team to support patients as individuals throughout care and discharge.

There is some difficulty in discharging patients who are out of area as staff do not always know which public, private and voluntary agencies are available. Whilst there is a housing officer who is in regular contact with the ward there are limited or no contact for the Wigan patients for example. This affects timely discharge as the support services need to be in place before discharge.

Staff Training

Individual staff and the Ward Manager told the visiting team that they feel they are fully supported with training.

The Ward Manager explained that flexible learning is provided, e-learning is available and all staff are up to date with all forms of training. Physical health training is also available.

All staff have clinical supervision to help them with professional development.

The Ward Manager is also open to suggestions from staff feedback and is keen to support the team to help develop care delivery and administration processes as per their own ideas.

Summary

The Ward team and Manager seemed very positive and supportive not just of their patients, but of each other. The team were communicative and considerate, and seemed to work well together. The ward itself was clean, bright and roomy, and felt like a supportive space which was focussed on recovery.

The Ward Manager appeared very proud of her staff and the work they did, especially in those areas where they were able to use their everyday work as good practice e.g. the Nurse Audit.

The Ward Manager seemed supportive of her staff to make suggestions to improve and develop care, and staff told us that they felt well supported in their roles and relationships.

Overall, the ward has a positive, enthusiastic team and supportive management system who support staff to deliver individualised, quality care.

Recommendations

1. Consideration needs to be given to adequate signage both on site and in information given to patients and visitors. Advice should also be given on the most appropriate place to park
2. An audit should be undertaken of mirrors to ensure they are all made of safety glass
3. A more efficient information sharing system be set up across all 5BP units so patients outside their “home” borough are not discriminated against when it comes to discharge. All units across the patch should have access to up to date information on all support services across the sectors

Distribution List

This report has been distributed to the following:

- *5 Borough Partnership NHS Foundation Trust*
- *Knowsley CCG*
- *Care Quality Commission*
- *Healthwatch England*
- *Appropriate contacts within the Councils covered by the 5 Boroughs footprint, including Adult Social Services*
- *Relevant organisations as decided by the Local Healthwatch contributing to this report*

Appendices

Appendix A

Response from Geoff Parr, Clinical Team Manager, Grasmere Unit, Knowsley Resource & Recovery Centre

I've just had a glance through the report and it looks really good. The only query with it is that on page 11 it mentioned that there is no safety glass in the patient mirrors. All the mirrors on the ward have safety glass and anti-tamper screws and have been for several years, was this referring to Grasmere in the report? It also mentions it in the recommendations.

Thanks again for taking the time to visit the ward and compile such a thorough report.

